

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8

Application Number 10/761,152

Filing Date 20 January 2004

First Named Inventor ORNER, Edward E

Art Unit 2674

Examiner Name EDOUARD, Patrick N.

Attorney Docket Number POLY32

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AUG 30 2005

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                               | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Fee Attached                                       | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment/Reply                                    | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> Alter Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavit/Declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                          | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below).  |
| <input type="checkbox"/> Express Abandonment Request                        | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> Submiss. of PoA and Change of Correspondence Address (2pgs); PoA and Correspondence Address Indication Form (4pgs); Certif of Mailing under 1.8 (1pg) |
| <input type="checkbox"/> Information Disclosure Statement                   | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)             | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application     | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> <input type="checkbox"/> under 37 CFR 1.52 or 1.53 |   |  |
| <b>Remarks</b>  |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Troutman Sanders LLP

Signature

Printed name

Ryan A. Schneider

Date

30 August 2005

Reg No 45,083

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Kaveh Rashidi-Yazd

Date 30 August 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02 (09-04)

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on 30 August 2005  
Date



Signature

Kaveh Rashidi-Yazd  
Typed or printed name of person signing Certificate

404.885.3340  
Registration Number, if applicable      Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- Transmittal Form (1 pg)
- Certification of Facsimile (1 pg)
- Submission of Power of Attorney and Change of Correspondence Address (2 pgs)
- Power of Attorney and Correspondence Address (4 pgs)

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AUG 30 2005  
Customer No.: 006980  
Docket No. POLY32

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of ) Confirmation No.: 2560  
 )  
 ORNER, Edward E. ) Group Art Unit: 2674  
 )  
 Serial No.: 10/761,152 ) Examiner: EDOUARD, Patrick N.  
 )  
 Filed: 20 January 2004 )  
 )  
 For: INTERACTIVE DISPLAY SYSTEMS )

**SUBMISSION OF POWERS OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Atlanta, GA 30308-2216  
30 August 2005

Sir:

This US Patent Application was filed by previous counsel. The inventors have transferred the further prosecution of this case to the present firm/practitioners and herein submit *Powers of Attorney* to such practitioners. The correspondence address for this case is also respectfully changed to the present firm/practitioners

**ATTACHMENTS**

Please find attached the *Powers of Attorney* and *Correspondence Address Indication Form*, wherein the inventors revoke all previous powers of attorney, and hereby appoint the practitioners with PTO Customer No. 06980.

**DOCKET NUMBER**

Applicant respectfully requests the docket number of this application be changed from 121901-1040 to POLY32. The prosecution of this application has been transferred to a new law firm, and its docketing procedures would benefit from this new docket number if such change is possible.

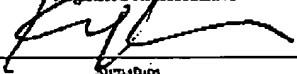
**CONCLUSION**

By the present filing, the prosecution of the Application has been transferred to the undersigned firm. Should the Examiner have any questions or reservations, the Examiner is invited to telephone the undersigned attorney at 404.885.2773.

I hereby certify that this correspondence is being submitted via facsimile to the United States Patent and Trademark Office at 571 273 8300 on this date.

Karen Rashedi

Name of Applicant, Assignee, or  
Registered Representative

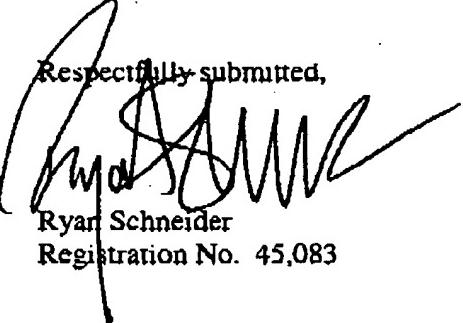


Signature

30 August 2005

Date

Respectfully submitted,



Ryan Schneider  
Registration No. 45,083

TROUTMAN SANDERS, LLP  
Bank of America Plaza  
600 Peachtree Street, Suite 5200  
Atlanta, Georgia 30308-2216  
Tel. No.: 404.885.2773  
Fax No.: 404.962.6849

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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INDICATION FORM**

|                        |                             |
|------------------------|-----------------------------|
| Application Number     | 10/761,152                  |
| Filing Date            | 20 January 2004             |
| First Named Inventor   | Omer, Edward E.             |
| Title                  | Interactive Display Systems |
| Group Art Unit         | 2672                        |
| Examiner Name          |                             |
| Attorney Docket Number | POLY32                      |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners at Customer Number**06980**

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor: Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Signature

*Edward E. Omer*Date **8-10-05**

Name

Edward E. Omer

Telephone **404-317-3709**

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

 Total of 4 forms are submitted

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1650, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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PTO/SB/81 (11-04)

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|                        |                             |
|------------------------|-----------------------------|
| Application Number     | 10761,152                   |
| Filing Date            | 20 January 2004             |
| First Named Inventor   | Omer, Edward E.             |
| Title                  | Interactive Display Systems |
| Group Art Unit         | 2672                        |
| Examiner Name          |                             |
| Attorney Docket Number | POLY32                      |

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06980

OR

Practitioner(s) named below:

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Practitioners at Customer Number

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OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/inventor:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(e) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

Date

8-02-2005

Name

Michael H. Dunn

Telephone

703-712-2506

Title and Company

CEO & PRESIDENT

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 forms are submitted.

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PTO/SB/81 (11-04)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                             |
|------------------------|-----------------------------|
| Application Number     | 10/761,152                  |
| Filing Date            | 20 January 2004             |
| First Named Inventor   | Omer, Edward E              |
| Title                  | Interactive Display Systems |
| Group Art Unit         | 2672                        |
| Examiner Name          |                             |
| Attorney Docket Number | POLY32                      |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners at Customer Number**06980**

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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|      |                     |

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 Practitioners at Customer Number**06980**

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor: Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

Date 08-02-2005

Name

Telephone 178-542-3104

Title and Company

**EXEC. VP - IPC**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below\*

 Total of 4 forms are submitted.

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poly32 - us poa (version 1).doc

PTO/SB/81 (11-04)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                             |
|------------------------|-----------------------------|
| Application Number     | 10/781,152                  |
| Filing Date            | 20 January 2004             |
| First Named Inventor   | Omer, Edward E.             |
| Title                  | Interactive Display Systems |
| Group Art Unit         | 2872                        |
| Examiner Name          |                             |
| Attorney Docket Number | POLY32                      |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners at Customer Number **06980**

OR

Practitioner(s) named below:

| Name | Registration Number |
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|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Fax   |     |  |

I am the:

Applicant/Inventor:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

|           |                             |           |              |
|-----------|-----------------------------|-----------|--------------|
| Signature | <i>Peter W. Hildebrandt</i> | Date      | 8/2/05       |
| Name      | Peter W. Hildebrandt        | Telephone | 618.542.3162 |

|                   |                                     |                         |
|-------------------|-------------------------------------|-------------------------|
| Title and Company | <i>Director, Product Management</i> | <i>PolyVision Corp.</i> |
|-------------------|-------------------------------------|-------------------------|

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